

ICAP Training Webinar



November 14, 2017

II. General - Inventory for Client and Agency Planning

The Riverside Publishing Company's Clinical and Special Needs Catalog describes the ICAP as follows:

“The ICAP is a short, easy to use, standardized assessment instrument that measures adaptive and maladaptive behavior. Its strong psychometric properties make it a valuable tool for determining eligibility, planning services, evaluating, reporting progress, or funding reports.”

“Inventory areas include diagnostic and health status, functional limitations, adaptive and problem behavior, residential placement, daytime program, support services, and social/leisure activities.”

The ICAP was copyrighted in 1986 by Robert K Bruininks, Bradley K. Hill, Richard F. Weatherman, and Richard W. Woodcock. It is available by ordering through Houghton Mifflin Harcourt (HMH) <http://www.hmhco.com/hmh-assessments/clinical-and-special-needs-assessment/icap/shop-now>.

The ICAP is updated annually, or whenever significant changes occur, by the case manager and encoded on ICAP Compuscore software. The ICAP database is copied and sent to the Division of Developmental Disabilities via FTP. The Division then uses the Compuscore software (Windows Version 2.0) to merge new data with the statewide ICAP database. The statewide ICAP database can be copied to an ASCII format for use in the Service Based Rate setting process.

ICAP

RESPONSE BOOKLET

INVENTORY for CLIENT and AGENCY PLANNING

9-22890

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CLIENT

Name _____
LAST FIRST M.I.
Address _____
STREET
CITY STATE ZIP
Phone () _____
Residential Facility _____
School/Day Program _____
County/District Responsible _____
Case Manager _____ Phone _____
Parent or Guardian _____ Phone _____
Respondent (Your Name) _____ Your Phone _____
Relationship to Client _____
Reason for Evaluation _____

CALCULATION OF AGE Calculate the client's age by subtracting the birth date from the evaluation date. If the number of days in the client's exact age is less than 15, the client's age is the number of years and months calculated. If the number of days is 15 or greater, the number of months is increased by one.

Client ID _____

Residence ID _____

Day Program ID _____

Co./District ID _____

Case Manager ID _____

Other ID _____

Evaluation Date _____
YEAR MONTH DAY
(-) Birth Date _____
Age _____
YRS. MOS.

ICAP Training Implications Profile

MOTOR SKILLS

0	1	2	4	8	12	16	20	24	28	32	36	39	42	46	50	52	53	54			
< 0-3	0-3	0	1	2	4	8	12	16	20	24	28	32	36	39	42	46	50	52	53	54	
		0-5		0-7	0-9	1-0	1-4	1-8	2-0	2-6	3	4	5	6	8	10	12	15	18	22	adult

SOCIAL AND COMMUNICATION SKILLS

0,1,2,3,4	5	6	8	10	12	16	20	24	28	32	35	38	42	46	50	53	55	56	57																																			
0,1	2	3	4	5	6	7	8	9	10	12	14	16	18	20	22	24	26	28	30	32	34	36	38	40	42	44	46	48	50	52	54	56	58	60	62	64	66	68	70	72	74	76	78	80	82	84	86	88	90	92	94	96	98	100

PERSONAL LIVING SKILLS

0,1	2	3	4	5	6	7	8	9	10	12	14	16	18	20	22	24	26	28	30	32	34	36	38	40	42	44	46	48	50	52	54	56	58	60	62	64	66	68	70	72	74	76	78	80	82	84	86	88	90	92	94	96	98	100
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COMMUNITY LIVING SKILLS

0	1	2	3	4	5	6	7	8	9	10	12	14	16	18	20	22	24	26	28	30	32	34	36	38	40	42	44	46	48	50	52	54	56	58	60	62	64	66	68	70	72	74	76	78	80	82	84	86	88	90	92	94	96	98	100
---	---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	-----



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A. Descriptive Information

1. SEX (Mark one)

- ☐ 1. Male
☐ 2. Female

2. HEIGHT _____ ft. _____ in. (or _____ cm.)

3. WEIGHT _____ lbs. (or _____ kg.)

4. RACE (Mark one)

- ☐ 1. White
☐ 2. Black
☐ 3. Oriental, Asian, or Pacific Islander
☐ 4. American Indian or Alaskan Native
☐ 5. Other: _____

5. HISPANIC ORIGIN (Mark one)

- ☐ 1. Not Hispanic
☐ 2. Hispanic

6. PRIMARY LANGUAGE UNDERSTOOD (Mark one)

- ☐ 1. English
☐ 2. Spanish
☐ 3. Other: _____

7. PRIMARY MEANS OF EXPRESSION (Mark one)

- ☐ 1. None
☐ 2. Gestures
☐ 3. Speaks
☐ 4. Sign Language or finger spelling
☐ 5. Communication board or device: _____
☐ 6. Other: _____

8. MARITAL STATUS (Mark one)

- ☐ 1. Never married
☐ 2. Married
☐ 3. Separated
☐ 4. Divorced
☐ 5. Widow or widower

9. LEGAL STATUS (Mark one)

- ☐ 1. Legally competent adult
☐ 2. Parent or relative is guardian or conservator
☐ 3. Non-relative is guardian or conservator
☐ 4. State or county is guardian or conservator
☐ 5. Other: _____

B. Diagnostic Status

1. PRIMARY DIAGNOSIS (Mark one) AND

2. ADDITIONAL DIAGNOSED CONDITIONS (Mark all that apply)

- ☐ 1. None
☒ 2. Autism
☐ 3. Blindness
☐ 4. Brain or neurological damage; chronic brain syndrome
☐ 5. Cerebral palsy
☐ 6. Chemical dependency
☐ 7. Deafness
☐ 8. Epilepsy or seizures
☐ 9. Mental retardation
☐ 10. Physical health problems requiring medical care by licensed nurse or physician: _____
☐ 11. Mental illness (formal diagnosis); psychosis, schizophrenia, etc.
☐ 12. Situational mental health problem (formal diagnosis); depression, anxiety, fearfulness, mood disturbance
☐ 13. Other: _____

Comments:

C. Functional Limitations and Needed Assistance

1. LEVEL OF MENTAL RETARDATION *(Mark one)*

- ☐ 1. Not mentally retarded
- ☐ 2. Mild (IQ 52-70)
- ☐ 3. Moderate (IQ 36-51)
- ☐ 4. Severe (IQ 20-35)
- ☐ 5. Profound (IQ under 20)
- ☐ 6. Unknown, delayed, at risk

2. VISION *(Mark one)*

- ☐ 1. Sees well (may wear glasses)
- ☐ 2. Vision problems limit reading or travel (may wear glasses)
- ☐ 3. Little or no useful vision (even with glasses)

3. HEARING *(Mark one)*

- ☐ 1. Hears normal voices (may use hearing aid)
- ☐ 2. Hears only loud voices (may use hearing aid)
- ☐ 3. Little or no useful hearing (even with hearing aid)

4. FREQUENCY OF SEIZURES *(Mark one)*

- ☐ 1. None, or controlled
- ☐ 2. Less than monthly seizures
- ☐ 3. Monthly seizures
- ☐ 4. Weekly or more often

5. HEALTH *(Mark one)*

- ☐ 1. No limitation in daily activities
- ☐ 2. Few or slight limitations in daily activities
- ☐ 3. Many or significant limitations in daily activities

6. REQUIRED CARE BY NURSE OR PHYSICIAN *(Mark one)*

- ☐ 1. Less than monthly
- ☐ 2. Monthly
- ☐ 3. Weekly
- ☐ 4. Daily
- ☐ 5. 24-hour immediate access

7. CURRENT MEDICATIONS *(Mark all that apply)*

- ☐ 1. None
- ☒ 2. For health problem: _____
- ☒ 3. For mood, anxiety, sleep or behavior: _____
- ☒ 4. For epilepsy, seizures: _____
- ☐ 5. Other: _____
- ☒ 6. Unknown

8. ARM/HAND *(Mark one)*

- ☐ 1. No limitation in daily activities
- ☐ 2. Some daily activities limited
- ☐ 3. Most daily activities limited

9. MOBILITY *(Mark one)*

- ☐ 1. Walks (with or without aids)
- ☐ 2. Does not walk
- ☐ 3. Limited to bed most of the day
- ☐ 4. Confined to bed for entire day

10. MOBILITY ASSISTANCE NEEDED *(Mark all that apply)*

- ☐ 1. None
- ☒ 2. Needs assistive devices (cane, walker, wheelchair): _____
- ☐ 3. Occasionally needs help of another person
- ☐ 4. Always needs help of another person

Comments:

Adaptive Behavior refers to an individual's ability to effectively ;

- meet social and community expectations for personal independence
- maintenance of physical needs
- acceptable social norms, and interpersonal relationships

Adaptive behaviors are learned everyday living skills such as;

- walking
- talking
- getting dressed
- going to school
- going to work
- preparing a meal
- cleaning the house, etc.

The ICAP has 77 adaptive behavior items that represent a full range of adaptive skills divided into the following four areas;

- Motor Skills
- Social and Communication Skills
- Personal Living Skills
- Community Living Skills

How well is “well?”

The ICAP was normed on 1,764 individuals without disabilities ranging in age from infants less than three months old to mature adults.

SCORING

Independence is the ability to do things on one's own. This means not only having the ability to perform a task, but also knowing when to do it and having the willingness to do so.

Usually people develop according to the developmental sequence as the statements suggest in each of the adaptive behavior sections, Motor Skills, Social and Communication Skills, Personal Living Skills, and Community Living.

The developmental statements begin with simple skills and move on to more and more difficult skills for which a person learns and masters in the development from infant to adult. There are incidences when people who have a traumatic brain injury, physical disability or are elderly may no longer totally follow the sequential order of development.

Scoring

0. Never or rarely

The skill is too difficult or unsafe for the person or is beyond their current skill level

- Never or rarely performs the skill even if asked or prompted or;
- Never or rarely performs ALL parts of the skill even if asked or prompted or;
- Never or rarely performs the task because it is not safe to do so or;
- Never or rarely performs the skill because he/she is too young to do so

1. Does, but not well

It is all right if the person needs to be asked or prompted to initiate the task

- When asked or prompted the skill is performed 25 % of the time or;
- The skill is performed but not well 25% of the time or;
- The skill is performed without help or supervision 25% of the time

Scoring

2. Does fairly well

It is all right if the person needs to be asked or prompted to initiate the task.

- When asked or prompted or the skill is performed 75% of the time or;
- The skill is performed fairly well 75% of the time or;
- The skill is performed without help or supervision 75% of the time.

3. Does very well

It is all right if the person appropriately asks permission before initiating a task.

- The person has mastered the skill or no longer performs it because it is too easy and;
- Independently performs all parts of the task without help or supervision and;
- Performs all parts of the skill independently, when appropriate to do so, with no more than an occasional request or prompt to begin the task.

MOTOR SKILLS

The primary focus of these items includes gross motor and fine motor skills, and assesses a range of motor proficiency tasks involving mobility, fitness, coordination, eye-hand coordination, and precise movements.

D. Adaptive Behavior

DIRECTIONS

- Rate how well the client *presently* performs each task *completely* and *without* help or supervision.
- Mark the rating that best describes the client's performance for each task.
- Mark the highest rating (3: Does very well) for tasks that are now too easy for the client.
- Estimate by rating how well the client *could do* the task now on his or her own without further training, if you have not had the opportunity to observe performance on a task or the client does not have opportunity to do it.
- Consult the ICAP manual for further instructions.

1. MOTOR SKILLS

Does (or could do) task completely without help or supervision:

0. NEVER OR RARELY—even if asked

1. DOES, BUT NOT WELL—or $\frac{1}{4}$ of the time—may need to be asked

2. DOES FAIRLY WELL—or $\frac{3}{4}$ of the time—may need to be asked

3. DOES VERY WELL—always or almost always—without being asked

0	1	2	3	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1. Picks up small objects with one hand.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2. Transfers small objects from one hand to the other hand.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3. Sits alone for thirty seconds with head and back held straight and steady (without support).
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4. Stands for at least five seconds by holding on to furniture or other objects.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5. Pulls self into a standing position.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	6. Puts small objects into containers and takes them out again.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	7. Stands alone and walks for at least six feet.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	8. Scribbles or marks with a pencil or crayon on a sheet of paper.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	9. Removes wrappings from small objects such as gum or candy.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	10. Turns knob or handle and opens a door.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	11. Walks up and down stairs by alternating feet from step to step. (May hold handrail.)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	12. Climbs a six-foot ladder (for example, a stepladder or a slide).
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	13. Cuts with scissors along a thick, straight line.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	14. Prints first name, copying from an example.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	15. Picks up and carries a full paper bag of groceries at least twenty feet and sets it down (without using handles).
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	16. Folds a letter into three equal sections and seals it in an envelope.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	17. Threads a sewing needle.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	18. Assembles objects that have at least ten small parts that must be screwed or bolted together (for example, unassembled toys or furniture).

____SUM ____SUM ____SUM ____SUM
x0 x1 x2 x3

$$\boxed{} + \boxed{} + \boxed{} = \boxed{} \text{ MOTOR SKILLS}$$

RAW SCORE (54)

1. Picks up small objects with one hand.

Consideration (s): This is a motor skill using pincher grasp in picking up small objects the size of, e.g., dice, M&Ms, marbles. The person does not need to have full use of both hands to complete this task. If the person has the use of one hand this item is rated on the use of one hand.

5. Pulls self into a standing position.

Consideration (s): Does the person pull himself/herself to a standing position from the floor. The person can use his/her hands, a chair, table, couch, to pull him/herself into a standing position.

8. Scribbles or marks with a pencil or crayon on a sheet of paper.

Consideration (s): This item does not require a person obtain supplies to complete this task. If the person does not have the physical ability to pick up a pen, the score is a 0.

2. Social and Communication Skills

The primary focus of these items includes social interaction, language comprehension and language expression. This area measures interaction with others in various social settings, understanding of language transmitted by signs, oral expression, or written symbols and communication of information through signs, oral expression or written language.

2. SOCIAL AND COMMUNICATION SKILLS

Does (or could do) task completely without help or supervision:

0. NEVER OR RARELY—even if asked

1. DOES, BUT NOT WELL—or $\frac{1}{4}$ of the time—may need to be asked

2. DOES FAIRLY WELL—or $\frac{3}{4}$ of the time—may need to be asked

3. DOES VERY WELL—always or almost always—without being asked

- | 0 | 1 | 2 | 3 | |
|-----------------------|-----------------------|-----------------------|-----------------------|---|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 1. Makes sounds or gestures to get attention. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 2. Reaches for a person whom he or she wants. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 3. Turns head toward speaker when name is called. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 4. Imitates actions when asked, such as waving or clapping hands. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 5. Hands toys or other objects to another person. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 6. Shakes head or otherwise indicates "yes" or "no" in response to a simple question such as "Do you want some milk?" |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 7. Points to familiar pictures in a book on request. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 8. Says at least ten words that can be understood by someone who knows him or her. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 9. Asks simple questions (for example, "What's that?"). |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 10. Speaks in three- or four-word sentences. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 11. Waits at least two minutes for turn in a group activity (for example, taking turns at batting a ball or getting a drink of water). |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 12. Offers help to other people (for example, holds a door open for one whose arms are full or picks up an object dropped by someone else.) |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 13. Acts appropriately without drawing negative attention while in public places with friends (for example, a movie theater or library). |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 14. Responds appropriately to most common signs, printed words, or symbols (for example, STOP, MEN, WOMEN, DANGER). |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 15. Summarizes and tells a story so that it is understood by someone else (for example, a TV program or a movie). |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 16. Locates or remembers telephone numbers and calls friends on the telephone. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 17. Writes, prints, or types understandable and legible notes or letters for mailing. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 18. Locates needed information in the telephone yellow pages or the want ads. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 19. Calls a repair service or the caretaker if something major such as the furnace or the refrigerator breaks down in the home. |

SUM SUM SUM SUM
x0 x1 x2 x3

	+		+		=		SOCIAL AND COMMUNICATION SKILLS
RAW SCORE (57)							

3. Turns head toward speaker when name is called

Consideration (s): When a person speaks, he/she is beyond this skill. When a person who does not have the physical ability to turn his/her head acknowledges the speaker by making sounds/gestures/smiles when his/her name is called, the score is a 3. A person may be hearing impaired but if he/she looks toward another who is waving to get his/her attention, the score is a 3.

8. Says at least ten words that can be understood by someone who knows him or her

Consideration (s): The ten words do not have to be consecutive to each other. The person says ten words to communicate his/her wants and needs or to get another person's attention. If a person using sign language is able to communicate at least ten words, the score is a 3. When the communication device has more than ten symbols and the person understands and uses them selectively, the score is a 3.

12. Offers help to other people (for example, holds a door open for one whose arms are full or picks up an object dropped by someone else).

Consideration (s): Does the person have the social awareness to recognize the needs of others. Does the person offer help to another person, i.e., offers food or drink, pulls out a chair, verbally asks another person if he/she needs help, etc. The person may have a physical disability that limits his/her ability to complete the physical action but he/she may socially attempt to be helpful. This person should be given credit for his/her social skill. The person with a physical limitation could offer informative advice or suggestions in an event. Socially the person has anticipated a need and has offered assistance.

13. Acts appropriately without drawing negative attention while in public places with friends (for example, a movie theater or library).

Consideration (s): This item focuses on whether the person understands social expectations of his/her behavior when at the library or movie versus a concert or sporting event. If the person does not have the skill to understand the appropriate social behavior the score is a 0. When he/she is acting appropriately without prompts the score is a 3.

3. PERSONAL LIVING SKILLS

The primary focus of these items includes eating and meal preparation, toileting, dressing, personal self-care, domestic skills and the maintenance of a relatively organized lifestyle and living environment. This area assesses the person's effectiveness in meeting the everyday demands of personal independence and autonomy, primarily in the home environment.

3. PERSONAL LIVING SKILLS

Does (or could do) task completely without help or supervision:

0. NEVER OR RARELY—even if asked

1. DOES, BUT NOT WELL—or $\frac{1}{4}$ of the time—may need to be asked

2. DOES FAIRLY WELL—or $\frac{3}{4}$ of the time—may need to be asked

3. DOES VERY WELL—always or almost always—without being asked

0	1	2	3	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1. Swallows soft foods.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2. Picks up and eats foods such as crackers.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3. Holds out arms and legs while being dressed.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4. Holds hands under running water to wash them when placed in front of a sink.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5. Eats solid foods with a spoon with little spilling.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	6. Stays dry for at least three hours.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	7. Removes pants and underpants.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	8. Uses the toilet at regular times when placed on the toilet or when taken to the bathroom.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	9. Puts on T-shirt or pullover shirt, although it may be on backward.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	10. Uses the toilet, including removing and replacing clothing, with no more than one accident per month.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	11. Closes the bathroom door when appropriate before using the toilet.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	12. Dresses self completely and neatly, including shoes, buttons, belts, and zippers.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	13. Cuts food with a knife instead of trying to eat pieces that are too large.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	14. Washes, rinses, and dries hair.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	15. Washes and dries dishes and puts them away.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	16. Mixes and cooks simple foods such as scrambled eggs, soup, or hamburgers.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	17. Cleans bedroom, including putting away clothes, changing sheets, dusting, and cleaning the floor.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	18. Prepares shopping list for at least six items from a grocery store.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	19. Loads and operates a washing machine using an appropriate setting and amount of detergent.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	20. Plans, prepares, and serves main meal for more than two people.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	21. Repairs minor damage to clothing, such as tears or missing buttons, or arranges for these repairs outside the home.

SUM	SUM	SUM	SUM	
x0	x1	x2	x3	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	PERSONAL LIVING SKILLS
				RAW SCORE (63)

1. Swallows soft foods

Consideration (s): When the person is able to swallow food the consistency of ground, chopped, and bite size, the score is a 3. When the person is able to swallow food the consistency of baby food (pureed, pudding, applesauce, mashed bananas, thickit) the score is a 3. When the person has had a swallowing evaluation which determined the person has difficulty swallowing food the consistency of baby food (pureed, pudding, applesauce, mashed bananas), the score is dependent on the level of assistance required to assist the person to swallow. When staff need to be present to provide a prompt as needed to take a drink, or swallow or other recommendations from the evaluation, to more than one person at meal times, score a 2. When staff need to be present to assist one specific person throughout mealtime providing prompts to swallow between each bite of food, prompt to take a drink or other recommendations from the swallow study, score a 1. When the person is not able to swallow food the consistency of baby food (pureed, pudding, applesauce, mashed bananas) the score is a 0.

14. Washes, rinses, and dries hair

Consideration (s): When the person is not able to complete any one part of the task, e.g., never rinses hair, always uses too much shampoo, the item is scored a 0. When the person washes and dries his/her hair but does not rinse the shampoo out of his/her hair well, the score is a 1 because the weakest part of the task was scored. Drying hair can include towel dry. If you need to prompt the person, i.e., to use an appropriate amount of shampoo, place shampoo in a cup or in their hand, etc. the score is not a 3.

16. Mixes and cooks simple foods such as scrambled eggs, soup, or hamburgers

Consideration (s): The person needs to mix at least two ingredients together. The person needs to be able to set the appropriate temperature on the stove/microwave and determine when the food is done. If the person only heats up pre-made food in a microwave or only cooks TV dinners the score is a 0. The person needs to mix and cook more than the simple foods listed as examples.

17. Cleans bedroom, including putting away clothes, changing sheets, dusting, and cleaning the floor

Consideration (s): If the person is not able to complete any one part of the task, e.g., never changes sheets, the item is scored a 0. The person needs to complete all parts of the task with the weakest part of the task scored. The person needs to make the decision when it is appropriate to clean. The person who lives independently is given some latitude on the frequency at which this task is completed.

19. Loads and operates a washing machine using an appropriate setting and amount of detergent

Consideration (s): The person needs to complete all parts of this task with the weakest part of the task scored. If the person is not able to complete any one part of the task, e.g., never uses appropriate amount of soap, the item is scored a 0. The person needs to know how to operate the machine using the appropriate settings to wash his/her clothes and the appropriate amount of clothing so the machine is not overloaded. If the setting option is pre-selected and the person does not know how to operate the machine the score is not a 3. To receive a score of a 3, the person can transfer this skill to use another washing machine. If the person is not physically able to load and operate a washing machine and needs the physical assistance of another person to do so, the score is a 0.

4. COMMUNITY LIVING SKILLS

The primary focus of these items includes time and punctuality, money and value, work skills, and home/community orientation. It assesses the level of independence in areas essential to successful community transition by measuring skills needed for accessing community resources, integration in employment, and other social and economic requirements encountered in community settings.

4. COMMUNITY LIVING SKILLS

Does (or could do) task completely without help or supervision:

0. NEVER OR RARELY—even if asked

1. DOES, BUT NOT WELL—or $\frac{1}{4}$ of the time—may need to be asked

2. DOES FAIRLY WELL—or $\frac{3}{4}$ of the time—may need to be asked

3. DOES VERY WELL—always or almost always—without being asked

0	1	2	3	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1. Finds toys or objects that are always kept in the same place.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2. Finds own way to a specified room when told to go (for example, "Go wait in the kitchen").
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3. Indicates when a chore or assigned task is finished.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4. Stays in an unfenced yard for ten minutes when expected without wandering away.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5. Uses the words "morning" and "night" correctly.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	6. Trades something for money or another item of value (for example, trades one book for another one or for money).
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	7. Buys items from a vending machine (for example, candy, milk or soda pop).
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	8. Crosses nearby residential streets, roads, and unmarked intersections alone.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	9. Buys specific items requested on an errand, although may not count change correctly.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	10. States day, month, and year of birth.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	11. Uses a watch or a clock daily to do something at the correct time (for example, catch a bus or watch a TV program).
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	12. Correctly counts change from a five-dollar bill after making a purchase.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	13. Operates potentially dangerous electrical hand tools and appliances with moving parts (for example, a drill or a food mixer).
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	14. Writes down, if necessary, and keeps appointments made at least three days in advance.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	15. Budgets money to cover expenses for at least one week (recreation, transportation, and other needs).
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	16. Works at a steady pace on a job for at least two hours.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	17. Completes applications and interviews for jobs.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	18. Receives bills in the mail and pays them before they are overdue.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	19. Balances a checkbook monthly.

SUM	SUM	SUM	SUM	
x0	x1	x2	x3	
[]	+	[]	+	[] = []
				COMMUNITY LIVING SKILLS
				RAW SCORE (57)

4. Stays in an unfenced yard for ten minutes when expected without wandering away

Consideration (s): Regardless of whether the person can ambulate or not, the person has to have the cognitive ability to understand that he/she needs to stay in the yard when expected without wandering away. Staff need to feel the person is safe based on their level of adaptive behavior skills to be left alone in the unfenced yard with regular monitoring.

6. Trades something for money or another item of value (for example, trades one book for another one or for money)

Consideration (s): The person has the understanding that he/she should not give up something for nothing. This is a pre-money usage skill and the trade does not need to be for another item of equal value.

7. Buys items from a vending machine (for example, candy, milk or soda pop)

Consideration (s): This is a pre- money usage skill so the person does not need to know the correct amount of money needed to use the vending machine. When the person is provided with the correct amount of money/coins, the person places the money into a vending machine and selects an item to purchase. This is a vending machine where there is more than one selection to make versus a gum ball machine where there is not a choice.

12. Correctly counts change from a five-dollar bill after making a purchase

Consideration (s): If the person is unable to count change up to five dollars using dollars, quarters, nickels, dimes, pennies the score is a 0. The person must be able to determine the amount of change due back to him/her after making a purchase. This is a fundamental math skill requiring the person be able to add and subtract simple calculations.

15. Budgets money to cover expenses for at least one week (recreation, transportation, and other needs)

Consideration (s): The person needs to budget multiple expenses.

NOTE: If the person does not score (1, 2, 3) on item #12, correctly counts change from a five-dollar bill after making a purchase, the person does not have the skill to budget money.

16. Works at a steady pace on a job for at least two hours.

Consideration (s): If the person does not work at a competitive job in the community or have competitive employment history the score is a 0. Competitive employment is considered for 15 or more hours per week (see Section G. Daytime Program on page 29 for competitive employment definition).

18. Receives bills in the mail and pays them before they are overdue.

Consideration (s): The person needs to receive his/her bills and pay them independently before they are overdue, i.e., by mail or computer to receive a score of 3. If the person does not have the skill then automatic bank payments are not considered when scoring this item.

19. Balances a checkbook monthly.

Consideration (s): The person writes checks, add, and subtract the balance in the checkbook register and compare the total to the total on the bank statement. If the two totals do not match, the person needs to identify which check was entered/subtracted incorrectly and make the correction. If the person uses a debit card and/or pays bills on line, the person must have the skill to find and correct errors and manage his/her account independently without receiving over drafts to receive a score of a 3. The score is a 0 if the person only checks his/her account balance on line.

Problem Behaviors

Does the person have a problem behavior that should be marked on the ICAP?

A problem behavior is one which requires the attention of others in the person's environment because the behavior must be stopped or minimized. A problem behavior is something you feel compelled to address, stop, prevent or redirect. A problem behavior interferes with a person's everyday activities.

Problem Behavior

Tips and Tricks.....

- If you don't **STOP, REDIRECT or INTERVENE** it is not captured as a problem behavior on the ICAP. If no one is addressing the problem behaviors or doing anything about it is not listed as a problem behavior on the ICAP.
- DO NOT look at the **laundry list** of problem behaviors on the ICAP booklet to decide if there are problem behaviors to mark on the ICAP.
- **REFER TO THE ICAP GUIDELINES**
- **REFER TO THE ICAP GUIDELINES**
- **REFER TO THE ICAP GUIDELINES**

The problem behavior section of the ICAP classifies problem behaviors into the following eight categories:

- 1. Hurtful to Self** -intentional Acts **NOT** thoughts or threats
- 2. Hurtful to Others** - intentional Acts **NOT** thoughts or threats
- 3. Destructive to Property** - intentional Acts **NOT** thoughts or threats
- 4. Disruptive Behavior** - interferes with the activities of others
- 5. Unusual or Repetitive Habits** - excessive repetitive actions that interfere with the persons activities
- 6. Socially Offensive Behaviors** - behavior that is offensive to the majority of other people
- 7. Withdrawal or Inattentive Behavior** – difficult being around other people, expressing suicidal ideation
- 8. Uncooperative Behavior** – not following societal rules, directives or medical treatments

Problem Behavior Scoring

Problem behaviors can only be scored based on current conditions.

- Behaviors that occurred within the last 90 days are used for determining if the behavior exists and then in rating the problem behavior's frequency and severity.

Additional Considerations

- If the behavior did not occur within the last 90 days but has occurred within the last year, consideration is given to rating the behavior if there is a formal behavior support plan in place addressing the problem behavior.
- If a very serious or an extremely serious problem behavior occurred more than a year ago, it may be rated based on the level of the behavior's severity, providing the behavior meets all the bullets in the severity criteria. Examples include; arson, assault, murder, rape, molestation versus the frequency of occurrence which would then be rated as occurring less than monthly.

Frequency:

Mark one response that indicates how often the primary problem behavior occurs. Count the actual number of occurrences and not potential occurrences. The frequency of the behavior is important, e.g., hitting people is worse if it happens ten times per day than if it happens only once per month.

Severity:

Mark one response that indicates how serious the specific primary problem behavior is when it occurs. As a general guideline, the severity level that best fits the problem is the severity in which the behavior meets ***all*** of the following criteria.

Severity

0 - Not serious, not a problem

- If you would rate the behavior a (0) for severity regardless of frequency the behavior should not be listed as a problem.
- Not everyone considers it to be a problem.

1 - Slightly serious, a mild problem

- Considered to be a problem, but typically in only one environment, i.e., home or work.
- Staff intervene or redirect the behavior when it occurs.
- Addressed by an informal intervention, i.e., service objective, general strategy. Addressed by an unwritten informal intervention. Staff who work directly with the person are aware of the behavior and the intervention.
- Can usually be managed by common sense and a structured environment.

2 - Moderately serious, a moderate problem

- A problem in more than one environment.
- Staff intervene or redirect the behavior when it occurs.
- Addressed by a written procedure to develop skills, decrease the behavior and/or teach a replacement behavior.
- Behavior is documented, i.e., incident report, baseline, program documentation, narratives.

3 - Very serious, a severe problem

- Behavior Support Plan approved by Behavior Intervention Committee and/or Human Rights Committee with a written record of the behavior documenting frequency and severity.
- Frequency reduced only with constant vigilance and a highly structured environment:
- A person who independently accesses the community does not meet the definition of being under constant vigilance and a highly structured environment.
- A staff is physically present within the person's immediate area (within the building) 24 hours a day does meet the definition of being under constant vigilance and a highly structured environment.
- Difficult for a single staff person to control when it occurs:
- If physical restraint is required and/or a second staff person is required, the behavior is difficult for a single staff person to control.
- If the behavior cannot be easily redirected and the result is harmful to self, harmful to others, involvement in the legal system or requiring hospitalization, the behavior is difficult for a single staff person to control.
- If the behavior can be easily redirected, the behavior is not difficult for a single staff person to control.

4 - Extremely serious, a critical problem

- Grave and immediate threat to the life of self or others that requires immediate intervention to stop the behavior. This would include behavior that could result in criminal charges, i.e., arson, assault, murder, rape, molestation.
- Behavior Support Plan approved by Behavior Intervention Committee and Human Rights Committee with a written record of the behavior documenting frequency and severity.
- A Critical Incident Report has been sent to the Division of Developmental Disabilities and/or the Division has been informed of the problem.
- Consequences of the person's actions are difficult to stop and may jeopardize continuation of services.
- Requires highly restricted/structured environment with 24-hour supervision by one or two adults.

E. Problem Behavior

DIRECTIONS: For each category, indicate whether the client exhibits problem behaviors. If yes, describe the client's *primary problem* and indicate its *frequency* and *severity*.

PROBLEM BEHAVIOR CATEGORIES:

- Hurtful to Self
- Hurtful to Others
- Destructive to Property
- Disruptive Behavior
- Unusual or Repetitive Habits
- Socially Offensive Behavior
- Withdrawal or Inattentive Behavior
- Uncooperative Behavior

1. HURTFUL TO SELF

Injures own body—for example, by hitting self, banging head, scratching, cutting or puncturing, biting, rubbing skin, pulling out hair, picking on skin, biting nails, or pinching.

a. If yes, describe the PRIMARY PROBLEM:

If *none*, mark *never* (0) for frequency and *not serious* (0) for severity.

b. FREQUENCY: How often does this behavior usually occur? (Mark one)

- ☐ 0. Never
- ☐ 1. Less than once a month
- ☐ 2. One to 3 times a month
- ☐ 3. One to 6 times a week
- ☐ 4. One to 10 times a day
- ☐ 5. One or more times an hour

c. SEVERITY: How serious is the problem usually caused by this behavior? (Mark one)

- ☐ 0. Not serious; not a problem
- ☐ 1. Slightly serious; a mild problem
- ☐ 2. Moderately serious; a moderate problem
- ☐ 3. Very serious; a severe problem
- ☐ 4. Extremely serious; a critical problem

Comments: _____

2. HURTFUL TO OTHERS

Causes physical pain to other people or to animals—for example, by hitting, kicking, biting, pinching, scratching, pulling hair, or striking with an object.

a. If yes, describe the PRIMARY PROBLEM:

If *none*, mark *never* (0) for frequency and *not serious* (0) for severity.

b. FREQUENCY: How often does this behavior usually occur? (Mark one)

- ☐ 0. Never
- ☐ 1. Less than once a month
- ☐ 2. One to 3 times a month
- ☐ 3. One to 6 times a week
- ☐ 4. One to 10 times a day
- ☐ 5. One or more times an hour

c. SEVERITY: How serious is the problem usually caused by this behavior? (Mark one)

- ☐ 0. Not serious; not a problem
- ☐ 1. Slightly serious; a mild problem
- ☐ 2. Moderately serious; a moderate problem
- ☐ 3. Very serious; a severe problem
- ☐ 4. Extremely serious; a critical problem

Comments: _____

3. DESTRUCTIVE TO PROPERTY

Deliberately breaks, defaces or destroys things—for example, by hitting, tearing or cutting, throwing, burning, marking or scratching things.

a. If yes, describe the PRIMARY PROBLEM:

If *none*, mark *never* (0) for frequency and *not serious* (0) for severity.

b. FREQUENCY: How often does this behavior usually occur? (Mark one)

- ☐ 0. Never
- ☐ 1. Less than once a month
- ☐ 2. One to 3 times a month
- ☐ 3. One to 6 times a week
- ☐ 4. One to 10 times a day
- ☐ 5. One or more times an hour

c. SEVERITY: How serious is the problem usually caused by this behavior? (Mark one)

- ☐ 0. Not serious; not a problem
- ☐ 1. Slightly serious; a mild problem
- ☐ 2. Moderately serious; a moderate problem
- ☐ 3. Very serious; a severe problem
- ☐ 4. Extremely serious; a critical problem

Comments: _____

4. DISRUPTIVE BEHAVIOR

Interferes with activities of others—for example, by clinging, pestering or teasing, arguing or complaining, picking fights, laughing or crying without reason, interrupting, yelling or screaming.

a. If yes, describe the PRIMARY PROBLEM:

If *none*, mark *never* (0) for frequency and *not serious* (0) for severity.

b. FREQUENCY: How often does this behavior usually occur? (Mark one)

- ☐ 0. Never
- ☐ 1. Less than once a month
- ☐ 2. One to 3 times a month
- ☐ 3. One to 6 times a week
- ☐ 4. One to 10 times a day
- ☐ 5. One or more times an hour

c. SEVERITY: How serious is the problem usually caused by this behavior? (Mark one)

- ☐ 0. Not serious; not a problem
- ☐ 1. Slightly serious; a mild problem
- ☐ 2. Moderately serious; a moderate problem
- ☐ 3. Very serious; a severe problem
- ☐ 4. Extremely serious; a critical problem

Comments: _____

5. UNUSUAL OR REPETITIVE HABITS

Unusual behaviors that may be done over and over—for example, pacing, rocking, twirling fingers, sucking hands or objects, twitching (nervous tics), talking to self, grinding teeth, eating dirt or other objects, eating too much or too little, staring at an object or into space, or making odd faces or noises.

a. If yes, describe the PRIMARY PROBLEM:

If none, mark never (0) for frequency and not serious (0) for severity.

b. FREQUENCY: How often does this behavior usually occur? (Mark one)

- ☐ 0. Never
- ☐ 1. Less than once a month
- ☐ 2. One to 3 times a month
- ☐ 3. One to 6 times a week
- ☐ 4. One to 10 times a day
- ☐ 5. One or more times an hour

c. SEVERITY: How serious is the problem usually caused by this behavior? (Mark one)

- ☐ 0. Not serious; not a problem
- ☐ 1. Slightly serious; a mild problem
- ☐ 2. Moderately serious; a moderate problem
- ☐ 3. Very serious; a severe problem
- ☐ 4. Extremely serious; a critical problem

Comments: _____

6. SOCIALLY OFFENSIVE BEHAVIOR

Behavior that is offensive to others—for example, by talking too loud, swearing or using vulgar language, lying, standing too close or touching others too much, threatening, talking nonsense, spitting at others, picking nose, belching, expelling gas, touching genitals, or urinating in inappropriate places.

a. If yes, describe the PRIMARY PROBLEM:

If none, mark never (0) for frequency and not serious (0) for severity.

b. FREQUENCY: How often does this behavior usually occur? (Mark one)

- ☐ 0. Never
- ☐ 1. Less than once a month
- ☐ 2. One to 3 times a month
- ☐ 3. One to 6 times a week
- ☐ 4. One to 10 times a day
- ☐ 5. One or more times an hour

c. SEVERITY: How serious is the problem usually caused by this behavior? (Mark one)

- ☐ 0. Not serious; not a problem
- ☐ 1. Slightly serious; a mild problem
- ☐ 2. Moderately serious; a moderate problem
- ☐ 3. Very serious; a severe problem
- ☐ 4. Extremely serious; a critical problem

Comments: _____

7. WITHDRAWAL OR INATTENTIVE BEHAVIOR

Difficulty being around others or paying attention—for example, keeping away from other people, expressing unusual fears, showing little interest in activities, appearing sad or worried, showing little concentration on a task, sleeping too much, or talking negatively about self.

a. If yes, describe the PRIMARY PROBLEM:

If none, mark never (0) for frequency and not serious (0) for severity.

b. FREQUENCY: How often does this behavior usually occur? (Mark one)

- ☐ 0. Never
- ☐ 1. Less than once a month
- ☐ 2. One to 3 times a month
- ☐ 3. One to 6 times a week
- ☐ 4. One to 10 times a day
- ☐ 5. One or more times an hour

c. SEVERITY: How serious is the problem usually caused by this behavior? (Mark one)

- ☐ 0. Not serious; not a problem
- ☐ 1. Slightly serious; a mild problem
- ☐ 2. Moderately serious; a moderate problem
- ☐ 3. Very serious; a severe problem
- ☐ 4. Extremely serious; a critical problem

Comments: _____

8. UNCOOPERATIVE BEHAVIOR

Behavior that is uncooperative—for example, refusing to obey, do chores, or follow rules; acting defiant or pouting; refusing to attend school or go to work; arriving late at school or work; refusing to take turns or share; cheating; stealing; or breaking laws.

a. If yes, describe the PRIMARY PROBLEM:

If none, mark never (0) for frequency and not serious (0) for severity.

b. FREQUENCY: How often does this behavior usually occur? (Mark one)

- ☐ 0. Never
- ☐ 1. Less than once a month
- ☐ 2. One to 3 times a month
- ☐ 3. One to 6 times a week
- ☐ 4. One to 10 times a day
- ☐ 5. One or more times an hour

c. SEVERITY: How serious is the problem usually caused by this behavior? (Mark one)

- ☐ 0. Not serious; not a problem
- ☐ 1. Slightly serious; a mild problem
- ☐ 2. Moderately serious; a moderate problem
- ☐ 3. Very serious; a severe problem
- ☐ 4. Extremely serious; a critical problem

Comments: _____

9. RESPONSE TO PROBLEM BEHAVIORS IN ANY OF THE 8 CATEGORIES

How do you or other people usually respond when the client exhibits problem behaviors? (Mark one)

- ☐ 0. No problem behaviors in any of the 8 categories
- ☐ 1. Do nothing, or offer comfort
- ☐ 2. Ask client to stop, reason with him or her
- ☐ 3. Purposely ignore, reward other behavior
- ☐ 4. Ask client to amend or correct the situation
- ☐ 5. Structure or restructure surroundings, remove material
- ☐ 6. Ask client to leave room, sit elsewhere (time out)
- ☐ 7. Take away privileges from client
- ☐ 8. Physically redirect, remove or restrain client
- ☐ 9. Get help (two or more people needed to control client)
- ☐ 10. Other: _____

Comments: _____

How do we score problem behaviors that happen together?

Behaviors that usually occur together or within a few minutes of each other should be considered to be a single problem and categorized as a single type. Do not list what is essentially one problem under more than one behavior category. Select the behavior category based on the behavior that is either the most frequent or is the most severe.

8. UNCOOPERATIVE BEHAVIOR

Behavior that is uncooperative—for example, refusing to obey, do chores, or follow rules; acting defiant or pouting; refusing to attend school or go to work; arriving late at school or work; refusing to take turns or share; cheating; stealing; or breaking laws.

- a. If yes, describe the PRIMARY PROBLEM:

Cluster (refusals, yelling, Swearing,

If none, mark never (0) for frequency and not serious (0) for severity.

Breaking things, hitting others)

- b. FREQUENCY: *How often does this behavior usually occur?*
(Mark one)

- ☐ 0. Never
- ☐ 1. Less than once a month
- ☐ 2. One to 3 times a month
- ☒ 3. One to 6 times a week
- ☐ 4. One to 10 times a day
- ☐ 5. One or more times an hour

refusals

- c. SEVERITY: *How serious is the problem usually caused by this behavior? (Mark one)*

- ☐ 0. Not serious; not a problem
- ☐ 1. Slightly serious; a mild problem
- ☐ 2. Moderately serious; a moderate problem
- ☒ 3. Very serious; a severe problem
- ☐ 4. Extremely serious; a critical problem

BSP for hitting and physical aggression

Response to Problem Behaviors:

At the end of the problem behavior section the respondent is asked about how problem behaviors are usually managed when they occur. The response to the problem behavior is of considerable value in assessing the dynamics of that behavior and the appropriateness of its consequence in the person's environment.

Select the response to the most severe problem in the behavior section.

F. Residential Placement

1. CURRENT RESIDENCE
(Mark One)

- ☐
☐
☐
☐
☐
☐
☐

☐

- ☐
☐
☐
☐

2. RECOMMENDED CHANGE
within next two years, if any
(Mark One)

- ☐
☐
☐
☐
☐
☐
☐

☐

- ☐
☐
☐
☐
☐

1. With parents or relatives
2. Foster home
3. Independent in own home or rental unit
4. Independent with regular home-based services or monitoring
5. Room and board without personal care
6. Semi-independent unit with supervisory staff in building
7. Group residence with staff providing care, supervision and training (includes all sizes and ICF-MR/DD)

Number of residents: _____

8. Personal care facility with staff providing care, but no training or nursing services
9. Intermediate care nursing facility
10. Skilled nursing facility
11. State institution
12. Other: _____
13. No change recommended

Comments:

G. Daytime Program

1. CURRENT FORMAL DAYTIME ACTIVITY
(Mark One)

- ☐
☐
☐
☐
☐
☐
☐
☐
☐
☐

2. RECOMMENDED CHANGE
within next two years, if any
(Mark One)

- ☐
☐
☐
☐
☐
☐
☐
☐
☐
☐

1. No formal daily program outside the home
2. Regular volunteer activities outside the home
3. School: _____
4. Day care
5. Daytime activity center (personal, social, prevocational activities)
6. Work activity center (social and vocational training)
7. Sheltered workshop
8. Supervised or supported on-site job placement
9. Competitive employment
10. Other: _____
11. No change recommended

Comments:

F. Residential Placement

Mark the one statement that best describes the person's current residence and the one statement in the next column that indicates recommended changes or projected residential needs within the next two years.

G. Daytime Program

Current Formal Daytime Activity: When considering Daytime Activity, select the environment where the person spends the MAJORITY of his/her time and mark this in the appropriate category on the ICAP.

An example, a person volunteers in the community on their own 3 days a week and the other 2 days works in the sheltered workshop receiving \$2.15 per hour.

Document Daytime Activity as Regular Volunteer Activities Outside the Home; this activity occurs throughout the majority of the daytime hours.

1. PRESENTLY
BEING USED
(Mark all that apply)

1. PRESENTLY
BEING USED
(Mark all that apply)

2. NOT USED NOW, BUT
EVALUATION NEEDED
(Mark all that apply)

1. None
2. Case management: _____
3. Home-based support service: _____
4. Specialized dental care: _____
5. Specialized medical care: _____
6. Specialized nursing care: _____
7. Specialized mental health services: _____
8. Specialized nutritional or dietary services: _____
9. Therapies—occupational, physical or speech: _____
10. Respite care (to aid caretaker or parent): _____
11. Specialized transportation services: _____
12. Vocational evaluation: _____
13. Other: _____

Comments:

1. SOCIAL AND LEISURE ACTIVITIES WITHIN LAST MONTH
(Mark all that apply)

- ☐ 1. None
- ☒ 2. Talked to family or friends on telephone
- ☐ 3. Visited with family
- ☐ 4. Visited with friends or neighbors from outside residence
- ☐ 5. Went shopping or out to eat (alone or with someone else)
- ☐ 6. Attended outside social or recreational activity
- ☐ 7. Engaged in hobby or personal leisure activity
- ☐ 8. Other:

2. FACTORS LIMITING SOCIAL ACTIVITIES
(Mark all that apply)

- ☐ 1. None
- ☒ 2. Lack of interest
- ☐ 3. No one to accompany the client
- ☐ 4. Lack of transportation
- ☐ 5. Lack of money
- ☐ 6. Health problem
- ☐ 7. Behavior problem
- ☐ 8. Other:

Comments:

Do these results provide an accurate representation of the client's present functioning: _____ 1. Yes _____ 2. No
If not, what is the reason for questioning results? _____

H. Support Services

Support Services are “specialized” services, which go beyond what is used on a regular basis by a majority of people, that is, services based on specific individual need (s).

- Identify the support services the person currently receives from any source and those areas in which the person should be evaluated for possible additional or altered services.
- In the first column mark the support services that are currently being provided to the person. In the second column mark all support services that are not currently being provided but for which evaluation or services are needed.
- List the specific nature of each service used or needed on the line provided.

I. Social and Leisure Activities

Social and Leisure Activities within Last Month

- All formal and informal social activities in which the person has participated, alone or with someone else, within the last month.

Factors Limiting Social Activities

- All factors that contribute to the person's social activities being more limited than he or she desires or more limited than is normal for the person's age.

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Resource Coordinator/
Program Specialist I



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Fax: 605-394-1659
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Community Support Providers

Black Hills Special Services Cooperative,
Sturgis, SD
Northern Hills Training Center,
Spearfish, SD
Black Hills Works, Rapid City, SD
LIVE, Lemmon, SD

Central Area - Pierre Office

Hillview Properties Plaza
East Highway 34, c/o 500 East Capitol
Pierre, SD 57501-5070

Chelsea Lolley
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Program Specialist I



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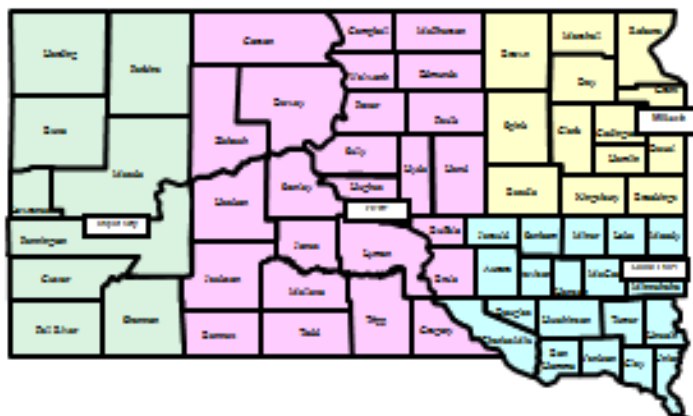
Community Support Providers

OAHE, Pierre, SD
Dakota Milestones, Chamberlain, SD
Community Connections, Winner, SD



Division of Developmental Disabilities

Statewide Resource Coordination



Western Area



Northeast Area



Central Area



Southeast Area

Northeast Area – Brookings Office

601 4th Street
Suite 112
Brookings, SD 57006

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Community Support Providers

ASPIRE, Aberdeen, SD
ADVANCE, Brookings, SD
New Horizons, Watertown, SD
Center for Independence, Huron, SD

Southeast Area - Sioux Falls Office

811 E. 10th Street,
Dept. 23
Sioux Falls, SD 57103-1650

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Community Support Providers

LifeScope, Sioux Falls, SD
VOA-Dakotas, Sioux Falls, SD
DakotaAbilities, Sioux Falls, SD
SE Directions for Life, Sioux Falls, SD
SESDAC, Vermillion, SD
Ability Building Services, Yankton, SD
ECCO, Madison, SD
LifeQuest, Mitchell, SD